

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589 756

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8		2		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
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15		1		/		
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17		1		/		
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29		1		/		
30		1		/		
31		1		/		
32		1		/		
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36		2		/		
37		2		/		
38	/	1	/	/		
39		1		/		
40		2		/		
41	/	1	/	/		
42		1		/		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						